Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

	Deanna	Elise Bal		
Applicant Name:	2/22/13 A	- Gent Number	10460	
Date Received: _	A A			
Recommended Applicant Pool Status: Final Applicant Pool		ool Status:		
□Included	Removed	□Included	Removed	
REQUIREMENTS	•			
1. Was the application received before the submission deadline?			✓Yes □No	
If NO, list time/date application was received:				
2. Is the application complete?			□Yes □No	
If NO, list the item(s) that need to be completed:			/	
VUID				
A. Student enre	e applicant responded to the fo	the City of Austin?	□Yes ☑No	
-	ler I and ii only; if NO, consider de in the City of Austin?	, 1, 11, 0.10.11	ØYes □No	
ii. Regi	stered to vote in the City of Au	ıstin?	□ves □No	
iii. Con	tinuously registered to vote in	the City of Austin?	√Yes □No	
iv. Vot	ed in 3 of the last 5 City of Aus	tin general elections?	ØYes □No	
◆ Follow-up need If YES, identif	ed related to REQUIREMENTS? ify issue(s) addressed and dispo	sition:	□Yes ☑No	

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CONFLICTS OF INTEREST:	Yes ONO
4. Did the applicant respond "Yes" to any conflict of interest questions? If YES, indicate which question(s):	political party (3)
Follow-up needed related to CONFLICTS OF INTEREST? If YES, identify issue(s) addressed and disposition:	□Yes ☑No
CONSISTENCY: 5. Are applicant answers consistent? If NO, indicate which answer(s):	☑Yes □No
Follow-up needed related to CONSISTENCY? If YES, identify issue(s) addressed and disposition:	□Yes □No
Application Reviewed By: Review Date: QC Review Date: QC Review Date: Pate: Date:	2/26/13